



102 Roadrunner Drive
Sedona, Arizona 86336

Fax: 928-204-7124
Tel: 928-282-1154

CITIZEN ASSISTANCE FORM

Date _____ Time: _____

Your name _____

Your address _____

Home phone _____

Business phone _____

Fax _____

Is this a ☐ **Request for Information?** ☐ **Concern?** ☐ **Copies Requested?**

[For document requests, please provide the name of the public body, date of meeting and page numbers of documents requested. **A per page copy fee will be charged.**]

General Description of how we may help you _____

Location of problem/ complaint _____

Staff Use Only

Received by _____ Department _____ Date _____

Source: 1. Council ☐ 2. Management ☐ 3. Citizen ☐ 4. Staff Initiated ☐

Routed for action to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Police | <input type="checkbox"/> Planning/DCD | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Magistrate Court | <input type="checkbox"/> Building Safety/DCD | <input type="checkbox"/> Com. Services |
| <input type="checkbox"/> City Attorney | <input type="checkbox"/> Code Enforcement/DCD | <input type="checkbox"/> IS Division |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Parks and Rec. | <input type="checkbox"/> Wastewater |

Assigned for action to _____ Date _____ Time _____

Recommended action ☐ Sustained Complaint ☐ Unfounded
☐ Not Sustained ☐ Other

Comments _____

By _____ Date _____ Time _____

Citizen notified of action by _____ Date _____ Time _____